

TASK FORCE EXPERT RESOURCE GROUPS

Chairman Alain Enthoven, Ph.D. established Expert Resource Groups [ERGs] pursuant to the Task Force Bylaws¹ in support of the work of the overall Task Force. The background papers and information produced by the ERGs will be synthesized by larger Policy Option Work Groups [POWGs] [to be adopted formally and established by the Task Force later this summer], to assist staff in drafting the reports and recommendations of the Task Force. Task Force members were selected to work on ERGs based on their interest, expertise and knowledge in a specific area. ERGs are encouraged to reach out to community experts to gather information regarding their topics.

Proactive Expert Resource Groups

The following ERGs are noted as “Proactive” in that the Task Force members participating will be expected to gather information about their topic and draft a brief paper for discussion at a publicly noticed Task Force meeting or Study Session, with later submission to the Task Force as a whole.

1. **Dispute resolution process**[Members: Decker, Lee; Staff: Singer]

Objective: Identify current problems and specific options to improve the process for resolving disputes between health plans and members.

Corresponding Policy Options Work Groups: Health Care System Oversight Structure
Consumer Involvement, Protection and Choice

Schedule: Oral report to be presented and discussed at the Task Force's **August 7 meeting**. Draft report to be submitted to the Task Force for review by **September 15**

2. **Streamlining**[Members: Murrell, Williams; Staff: Keston]

Objective: Identify opportunities for streamlining duplicative quality measurement and inspection and other processes, both where government agencies duplicate work of each other and where government duplicates work being done in the private sector.

Corresponding Policy Options Work Group: Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **August 7 meeting**. Draft report to be submitted to the Task Force for review by **September 15**

3. **Provider incentives**[Members: Conom, Zarkin; Staff: Holland, Shaw, and Singer]

Objective: Review the provider incentives being created by managed care and identify any potentially inappropriate incentive structures as well as options for change.

Corresponding Policy Options Work Group: Quality Improvement and Information

Schedule: Oral report to be presented and discussed at the Task Force's **proposed September 20 meeting**. Draft report to be submitted to the Task Force for review by **October 15**

4. **Doctor-patient relationship**[Members: Gilbert, Perez; Staff: Singer]

Objective: Identify causes or potential causes of deterioration in the doctor-patient relationship related to managed care and identify potential options for improvement.

Corresponding Policy Options Work Groups: Quality Improvement and Information
Consumer Involvement, Protection and Choice

Schedule: Oral report to be presented and discussed at the Task Force's **proposed September 20 meeting**. Draft report to be submitted to the Task Force for review by **October 15**

5. Expanding consumer choice[Members: Ramey, Zaremborg; Staff: Shaw, Singer, Skubik]

Objective: Recommend options for a State or private sector role in expanding consumer choices of health benefits options and providers.

Corresponding Policy Options Work Group: Consumer Involvement, Protection and Choice

Schedule: Oral report to be presented and discussed at the Task Force's **August 28 meeting** Draft report to be submitted to the Task Force for review by **September 28**

6. Consumer involvement, communication, and information[Members: Finberg, Severoni; Staff: Jungman]

Objective: Identify ways to empower consumers to take a role in the health system structure, managing their own health and health care through involvement, effective communication, and use of information.

Corresponding Policy Options Work Groups: Consumer Involvement, Protection and Choice
Quality Improvement and Information

Schedule: Oral report to be presented and discussed at the Task Force's **August 28 meeting** Draft report to be submitted to the Task Force for review by **September 28**

7. Managed care's impact on vulnerable populations[Members: Rodriguez-Trias, Rodgers; Staff: Jenks, Shaw]

Objective: Identify problems particular to vulnerable populations (e.g., the very ill and uninsured) under managed care.

Corresponding Policy Options Work Groups: Consumer Involvement, Protection and Choice
Health Care System Oversight Structure
Quality Improvement and Information

Schedule: Oral report to be presented and discussed at the Task Force's **July 26 Study Session**. Draft report to be submitted to the Task Force for review by **September 15**

8. The practice of medicine[Members: Alpert, Spurlock; Staff: Vorhaus]

Objective: Answer the questions: Do the legislature and health plans practice medicine? If so, how? And, if so, is this appropriate? What alternatives should be considered?

Corresponding Policy Options Work Groups: Quality Improvement and Information
Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **August 7 meeting** Draft report to be submitted to the Task Force for review by **September 15**

9. New quality information development[Members: Armstead, Kerr; Staff: Vorhaus]

Objective: Identify ways in which the State can improve the quality-related information collected and available for consumers, providers, health plans, employers and others.

Corresponding Policy Options Work Groups: Quality Improvement and Information
Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **July 26 Study Session**.
Draft report to be submitted to the Task Force for review by **September 15**

Reactive Expert Resource Groups

The following ERGs are deemed as “Reactive” and will be responsible for assisting staff with gathering background information so staff can draft reports and/or other materials for discussion at a publicly noticed Task Force meeting or Study Session.

10. Academic medical centers and health care workforce **Members:** Bowne, Karpf; **Staff:** Jungman, Shaw]

Objective: Describe the impact of managed care on academic medicine, research and development capacity, and the health care workforce and recommend whether something should be done by the State to alter current trends.

Corresponding Policy Options Work Groups: Quality Improvement and Information
Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **proposed September 26 meeting.**

11. Health industry profile **Members** Farber, Griffiths; **Staff:** Jenks]

Objective: Create a picture through facts and figures of the health care industry in California.

Corresponding Policy Options Work Group: Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **October 10 meeting.**

12. Impact of managed care on quality, access, cost **Members:** Hartshorn, Hauck, Northway, O'Sullivan, Tirapelli; **Staff:** Keston]

Objective: Describe what is known about the impact of managed care in these areas.

Corresponding Policy Options Work Groups: Quality Improvement and Information
Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **October 10 meeting.**

13. Regulatory environment **Members:** Gallegos, Hauck, Hiepler, and all Task Force Members; **Staff:** Romero, Skubik, Lopez, Keston and Singer]

Objective: Describe the status of regulation of the health care industry in California, determine whether the current system is optimally effective and appropriate, and lay out alternative options.

Corresponding Policy Options Work Group: Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **August 7 meeting.**

14. Impact of health cost on the economy[Members: All Task Force Members; Staff: Romero]

Objective: Describe the impact of health care costs on the economy of California.

Corresponding Policy Options Work Group: Health Care System Oversight Structure

Schedule: Oral report to be presented and discussed at the Task Force's **October 10 meeting**.

15. Research: Public Survey**Members:** Finberg, Griffiths, Kerr, Lee, Severoni; **Staff:** Skubik, Shaw]

Objective: Advise on the creation of an appropriate survey instrument for obtaining public sentiment and concerns regarding managed health care.

Corresponding Policy Options Work Groups: Consumer Involvement, Protection and Choice
Quality Improvement and Information

Schedule: Design will be discussed at the Task Force's July 26 meeting.

Footnotes

¹[Excerpt taken from the Task Force Bylaws, as amended June 20, 1997]

Expert Resource Groups: The Task Force Chairperson may create expert resource groups to be composed of Task Force members and other experts as deemed appropriate by the Chairperson and the Executive Director. All members of the expert resource groups shall be appointed by the Chairperson, upon consultation with the Executive Director. Expert resource groups shall be convened by a staff member of the Task Force [including staff working for the Chairperson], and "convenors" shall be responsible for scheduling all expert resource group meetings. If an expert resource group is comprised of more than two Task Force members, meetings of that expert resource group shall be publicly noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act.

Products produced by each expert resource group shall be considered advisory unless adopted by the full Task Force at a meeting noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act. Specifically, expert resource groups may formulate findings and advisory recommendations for consideration by the Task Force.

Expert resource groups may not publish any document on behalf of the full Task Force without Task Force approval at a meeting noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act.

Task Force staff may develop procedural guidelines for expert resource groups. Such guidelines do not require adoption by the Task Force.